APPLICATION FOR ADVANCE PAYMENT

Michigan Department of Consumer & Industry Services Bureau of Workers' & Unemployment Compensation P.O. Box 30016, Lansing, MI 48909

INSTRUCTIONS TO APPLICANT: Only applicants who are currently receiving workers' compensation benefits may file this form. It should be completed and mailed to the above address. No action will be taken on this application unless you answer all questions in Section 1 (numbers 1 through 14) and sign your name under "Applicant Signature."

SECTION 1: TO BE COM		APPLICA		
Social Security Number	2. Date of Injury		3. Employee Name (Last, First, Middle Initial)	
15 1 1				(6 11)
4. Employer Name			5. Insurance Company Name (if applicable)	
6 Applicant Name (if other than apple			7 Deletionabin to Employe	22
6. Applicant Name (if other than employee)			7. Relationship to Employe	ee
Applicant Street Address			9. City, State, Zip Code	
o. Applicant Street Address			S. Oity, Otale, Lip Code	
10. Amount of Advance Requested	11 If amount is par	t of the remai	ining weekly benefits due,	12. If amount is from next payments due,
take repayment from the		ming weekly benefits due,	repay by reducing weekly rate by	
			. 5	
\$	☐ Next		ayments Due	\$
13. The employer or its insurance ca discount be taken, do you still wa	rrier has the right to 1	10% interest p	per year on the advance yo	u are requesting. If they request that this
discount be taken, do you still we	int the advance payir	icht to be app	oroved:	
☐ Yes ☐ No				
14. Clearly state your reason(s) for re	equesting the advanc	e payment.		
		. ,		
Applicant Signature			Date	
7 Applicant Oignature			Build	
Attorney Name (if applicable)			Attorney ID #	
7 (
			P-	
SECTION 2: TO BE COM	DI ETEN BV (ADDIE	5	
SECTION 2: TO BE COMPLETED BY CARRIER Does the carrier agree with the terms of the advance payment request?			`	Is the discount requested?
boto the outlier agree with the terms of the advance payment request:				is the discount requested:
☐ Yes ☐ No				☐ Yes ☐ No
Carrier Signature Carrier Nam			ne	Date
J. Samer engineering				
				•
Authority: Workers' Disability Compensation	Act, 418.835; 418.837			ill not discriminate against any individual or group because of race,
			ge, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, g, etc. under the Americans with Disabilities Act, you may make your needs known to this agency.	
i onalty. None				